

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107535012**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1		1			
13		1				
14		1				
15		3				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23	1		1			
24		1				
25		1				
26		3				
27		3				
28		0				
29						
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	33		25			
TOTAL CLAIMS	36		28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Laurel